

1, 6, 11

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET PU4687USw
First Name Inventor: BROWN et al
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

✓
PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

- [] is attached hereto.
OR
[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22716 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

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3.			
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Application No.	Filing Date (MM/DD/YYYY)
✓ 1. 60/397,988	07/23/2002
2.	
3.	

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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Customer Number 23347 and Customer Number 20462


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Direct Telephone Calls to:

Amy H. Fix
919-483-8911

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1-00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<u>BROWN</u>	<u>Matthew</u>	<u>Lee</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<u>CHEUNG</u>	<u>Mui</u>	<u>Lee</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<u>DICKERSON</u>	<u>Scott</u>	<u>Howard</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

2	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MIYAZAKI	FIRST GIVEN NAME Yasushi	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 9/26/2003
0	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY Jharaki JP JPX	COUNTRY OF CITIZENSHIP JP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL P
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature 		Date: 9-26-2003
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
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Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. 1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 9/4/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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400	2	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	0	INVENTOR'S SIGNATURE	Signature <i>Dulce M. Garrido</i>		Date: <i>Sept 4, 2003</i>
		RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
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2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
3-00 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature <i>Scott Howard Dickerson</i>		Date: 9/4/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE	Signature <i>Wendy J. Mills</i>		Date: 9/12/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
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	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on **July 21, 2003** as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/22716** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/397,988	07/23/2002
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EV332065482US**

Filed PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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**Amy H. Fix
919-483-8911**

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	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. 1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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204	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
205	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
206	FULL NAME OF INVENTOR	FAMILY NAME MIYAZAKI	FIRST GIVEN NAME Yasushi	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY Ibaraki JP	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
207	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
800 208	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL P. Poole <i>QPP 9/4/03</i>
	INVENTOR'S SIGNATURE	Signature <i>Jennife Poole Peckham</i>		Date: <i>04 September 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
209	FULL NAME OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature		Date:
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9, 12

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

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Application Number PCT/US03/22716 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

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Rec'd PCT/PTO 20 JAN 2005

Express Mail Label
EV332065482US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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Direct Telephone Calls to:

Amy H. Fix
919-483-8911

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. 1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME MIYAZAKI	FIRST GIVEN NAME Yasushi	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY Ibaraki JP	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2 0 8	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL P
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature <i>Terrence L. Smalley</i>		Date: 9/4/2003
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
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9-00

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12-00 2 1 2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature <i>Jayme Lyn Roark Wilson</i>		Date: 9/4/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
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7, 10

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

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	INVENTOR'S SIGNATURE	Signature		Date:
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2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
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206	FULL NAME OF INVENTOR	FAMILY NAME MIYAZAKI	FIRST GIVEN NAME Yasushi	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY Ibaraki JP	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
700 207	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature <i>Candra J Peat</i>		Date: <i>9/29/03</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
208	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL P
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
209	FULL NAME OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

10- 2 1 0	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature 		Date: 9/3/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2 1 2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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